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ABSTRACT

This report is a response to a congressional mandate to study racial and ethnic discrimination in federally-assisted programs for older persons. The two-phase study includes a case study analysis of selected cities to assess whether minorities are employed in federal programs for older persons and the extent to which older minorities receive services provided by these programs. The materials provide a demographic profile and historical discussion of the Area Agency on Aging program. Minority representation on the staff and among contractors and subcontractors is discussed. Program characteristics that appear to facilitate or impede minority participation are described. Results of the investigation are summarized by city. (JAC)

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U. S. Commission on Civil Rights

Executive Summary

Providing Services to the Minority Elderly - New Programs, Old Problems

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CG 015983

Providing Services to the Minority Elderly - New Programs, Old Problems

Executive Summary

Title III of the 1978 amendments to the Older Americans Act [1] mandated that the U.S. Commission on Civil Rights:

> (1) undertake a comprehensive study of discrimination based on race or ethnic background in any federally-assisted programs and activities which affect older individuals; and (2) identify with particularity any such federally-assisted program or activity in which evidence is found of individuals or organizations who are otherwise qualified being, on the basis of race or ethnic background, excluded from participation in, denied the benefits of, refused employment or contracts with, or subject to discrimination under, such program or activity.[2]

The mandate for the Commission's study of racial and ethnic discrimination in federally-assisted programs for older persons, in part, emanated from a Commission finding in its earlier age discrimination study

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[1] Responding to the call for a national program of services to improve the condition of life for all older persons, in 1965 Congress passed the Older Americans Act. The Older Americans Act represented one of the first major attempts by the Federal Government to address the social needs of all older persons on a national level. In October 1978, Congress enacted extensive revisions to the Older Americans Act. Titles III, V and VII were consolidated under a new Title III. Under the revised Title III grants are made to States to provide nutrition services, multipurpose senior centers, and a comprehensive array of social services to older persons. (Older Americans Act, Pub. L. No. 89-73, 79 Stat. 218, as amended, 42 U.S.C.§§3001-3057g (1976 and Supp. III 1979)).

[2] 42 U.S.C. §1975c Note (Supp. III 1979).

which indicated that older members of minority groups were often victims of age, as well as racial or ethnic discrimination.[3] The mandate also arose from Congressional testimony during consideration of the 1978 amendments to the Older Americans Act which suggested that minority older persons were not fully participating in federally assisted programs. Testimony on the problems of older minorities documented their need for Federal service programs, although not necessarily their receipt of their fair share of service benefits.[4] Census data also documented that proportionally a larger number of older minorities are in poverty than older whites. Data gathered revealed that the likelihood of older blacks being impoverished is three times greater than that of older whites. Among older Hispanics the poverty rate was nearly double that of older whites. Similar statistics are not available for Asian and Pacific Island Americans nor for American Indians.[5]

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[3]U.S. Commission on Civil Rights, The Age Discrimination Study (December 1977), p. 24. The 1975 Age Discrimination Act, part of the 1975 amendments to the Older Americans Act, made unlawful unreasonable discrimination on the basis of age in the delivery of services supported in whole or in part by the Federal Government. Pub. L. 94-135, 89 Stat., 713, 728 (codified at 42 U.S.C. §§6101-03 (1976)).

[4]Proposed Extension of the Older Americans Act of 1965 and Oversight on the Age Discrimination Act of 1975: Hearings Before the Subcommittee on Select Education of the House Commission on Education and Labor, 95th Cong., 2d Sess. 248-59.

[5]U.S. Department of Commerce, Bureau of the Census, Money, Income, and Poverty: Status of Families and Persons in the U.S.: 1978 series P-60, no. 120, p. 32.

In responding to the mandate of Congress, the Commission designed a two-phase study: case study analyses of selected cities and mail surveys of all State units on aging and area agencies on aging[6] and interviews with Administration on Aging officials. Through in depth examination of the operations of Title III Older Americans Act programs funded by the Administration on Aging,[7] the Commission sought to assess: (1) whether and in what capacities minorities are employed under the programs for older persons; (2) whether and to what extent minority firms and organizations are awarded contracts and grants under the programs; and (3) whether and to what extent older minorities receive the services provided by these programs.

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[6]A State unit on aging is the single State agency designated to develop and administer a State's program for older persons. It serves as the focal point on aging in the State. An area agency on aging is an agency designated by the State unit on aging to develop and administer the plan for a comprehensive and coordinated system of services for older persons in a designated area of the State.

[7]The Administration on Aging serves as the focal point of management for Federal program activity under the Older Americans Act. In FY 80 the Administration on Aging had 10 regional offices and 57 State units on aging (including the District of Columbia, Puerto Rico, Guam, Samoa, the Pacific Island Trust Territories and the Northern Mariana Islands); there were 654 area agencies on aging at the local level. Area agencies on aging, in turn, generally make grants to private, non-profit organizations for actual service delivery.

The study is being published in two parts. Part I, to which this executive summary relates, includes the six case analyses, an introduction, a chapter which discusses the Older Americans Act and a general summary with glossary. The first section of each city's case analysis chapter provides a demographic profile and an historical discussion of the area agency on aging and its administrative structure. The second section discusses minority representation on the area agencies on aging staff; the recruitment, hiring, and promotion of minorities and affirmative action activities. The third section describes minority representation among contractors and subcontractors and efforts to recruit more minority contractors.[8] This section also discusses the employment of minorities by contractors and subcontractors and contract compliance activity by the area agencies on aging. The fourth section examines minority participation in five major service categories (access, in-home, legal, other social services, and nutrition services)[9] and discusses

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[8]The terms contracts and subcontracts are used to refer both to contracts and grants and subcontracts and subgrants, respectively.

[9]Access services provide older persons with better entree to other services. They include, for example, transportation, outreach and information and referral services. In-home services provide in the home care to help keep older persons in independent living situations. In-home services may include homemaking, visiting and telephone reassurance, and chore maintenance services. Legal services are provided to help increase the availability of legal consultation and representation to older persons. Nutrition services provide meals to older persons in either a congregate or in-home setting.

program characteristics that appear to facilitate or impede minority participation in area agencies on aging programs. That section concludes with a discussion of the area agencies on aging service planning and program evaluation procedures and their inclusion of minority concerns. The fifth section summarizes the results of the Commission's investigation.[10] (A limited supply of copies of Part I are available from the U.S Commission on Civil Rights upon request.)[11]

The six communities were selected to include geographically diverse sites having substantial representation of American Indians, Asian and Pacific Island Americans, blacks, and Hispanics[12]. Since the

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[10]Part II will include data analysis from the State units on aging and the area agencies on aging questionnaires and the results obtained from interviews with officials at the federal level. The survey results will provide an aggregate assessment of minority participation in State units on aging and area agencies on aging programs and thus will supplement the case analyses findings. The findings and recommendations for the entire study (Parts I and II) will be published at the end of Part II of the report, so that they may reflect the results of the case analyses and the national data analysis.

[11]Copies may be obtained by writing the U.S. Commission on Civil Rights, Publications Warehouse, 621 North Payne Street, Alexandria, VA 22314 or by telephoning (703) 557-1794.

[12]The design for the study also called for coverage of Euro-ethnic Americans. Once field work began, the Commission discovered that it was often impossible to obtain information on the employment or award of contracts to Euro-ethnic Americans. Almost without exception, these data were nonexistent. Also, statistics on participation by Euro-ethnic older persons were not separated from those of persons of other European descent. In most instances neither the area agency on aging nor its service provider had data on Euro-ethnic participation and thus, efforts to include this group in the study had to be abandoned.

minority older population is largely an urban population, greater emphasis was placed on urban site selection. Both large-and medium-sized cities were selected. Special attention was given to the representation of each of the racial and ethnic groups noted. The six cities chosen were Bridgeport, Connecticut; Cleveland, Ohio; Honolulu, Hawaii; San Francisco, California; Tucson, Arizona; and Tulsa, Oklahoma.

Local area agency on aging administrators, social service providers (area agency on aging funded and non-area agency on aging funded), representatives of community organizations, and area agencies on aging advisory council members in each community were interviewed and questioned on their perceptions of efforts to provide services to the minority community. During the field investigation, the Commission staff sought (1) to identify program characteristics that affect minority participation and (2) to obtain information on (a) staffing patterns of the area agencies on aging and its contractors; (b)the area agencies on aging's identification and selection of contractors; (c) the area agencies on aging's affirmative action activities, and their methods of outreach to minorities; (d) the extent of minority participation in program management, administration, and evaluation; and (e) types of area agencies on aging monitoring and compliance activities. The Commission staff discovered similar results in each of the cities visited. Among the findings common to all six communities investigated were the virtual absence of minorities in decisionmaking positions among the area agency on

aging staff, low representation of minority firms and organizations among area agency on aging contractors, and underrepresentation of older minorities as participants in area agencies on aging service programs.

Results of the Commission's six city investigations indicated that in most communities some minorities were included among Older American Act program participants as area agency on aging employees. Rarely, however, was minority involvement reflective of their representation in the population. Blacks, while employed by most area agencies on aging, were generally underrepresented in policy and supervisory positions on the area agencies on aging's staff. In most cities, where employed, Hispanics were found largely in clerical and paraprofessional jobs and quite often worked only part-time. American Indians and Asian and Pacific Island Americans generally were absent from the area agency on aging staff. (The exception was Honolulu where Asian and Pacific Island Americans constituted the majority of persons on staff.) Bilingual staff were normally absent from area agencies on aging' employment rosters. In none of the cities was there a requirement for any bilingualism among program staff (and particularly information and referral staff), even where population data would project a need. Almost none of the area agencies on aging had a formal recruitment procedure for increasing minority representation among staff, despite certain minority groups' underrepresentation among program staff.

Almost all of the area agencies on aging had affirmative action plans, although they generally were a part of a larger municipal

affirmative action plan. In most cases, despite the fact that previous affirmative action plans contained specific goals for hiring minority staff, these goals had not been reached. Furthermore, in almost no instance where goals were unmet by area agencies on aging had substantive corrective actions been taken by the State units on aging or the Administration on Aging.

In almost none of the cities was minority firms receiving a representative number of contracts or amount of Title III contract funds from the area agencies on aging, in spite of the fact that such firms often were in a position to render unique services and had displayed the ability to provide effectively services for achieving Title III objectives. In Cleveland, Bridgeport, Tulsa and San Francisco, there were black organizations receiving relatively small contract amounts. In Bridgeport and San Francisco, a few Hispanic firms were contractors and received small grants. In Tulsa and San Francisco there were American Indian firms that contracted with the area agency on aging. In San Francisco there were Asian and Pacific Island Americans firms that contracted for service delivery. In virtually all cases minority organizations were not receiving a fair share of the monies available. Nevertheless, there were few formal mechanisms in place to provide technical assistance to potential minority contractors that would help to increase their representation among contractors in the cities examined. In most cities visited, representatives of minority organizations stated that the failure to provide standardized technical assistance by the area

agencies on aging was one reason for the lack of minority contractors. They also voiced concern that the lack of technical assistance actually was a reflection of the area agencies on aging's unwillingness to try actively to serve or increase minority participation in service programs. Additionally, where subcontracting was done, contractors were not specifically encouraged by the area agencies on aging to subcontract with minority firms.

Generally, contractors were not required to have affirmative action plans. Further, contractors' employment patterns and practices were normally not actively monitored by the area agencies on aging. Minority employment by Title III contractors generally was not reflective of minority representation in the total population. In general, with the exception of minority firms, contractors which employed minorities did not employ them in supervisory or decisionmaking positions.

The 1978 amendments to the Older American Act, unlike earlier legislation, make no specific reference to inclusion of minorities as a priority. Instead, previous references to service delivery priority for minorities have been replaced by references to priority being given to those in "greatest social and economic need". The act itself provides that State and area agencies, in their respective plans, give preference to older persons with the greatest economic or social need. The Administration on Aging, in its regulations for implementing the act, allows State and local officials to use the U.S. Bureau of the Census

measure of the poverty level as a proxy for the definition of "greatest economic or social need".[13]

In all of the cities visited minority older persons were in poverty at a much higher rate than nonminority older persons. Because of their relative poverty, the extent to which minority older persons participate indicates the degree to which area agencies service programs have succeeded in giving priority to persons in greatest economic and social need, without its resulting in discrimination against minorities.

In almost every city minority older persons were being underserved. Black elderly generally were among program participants in almost all of the cities, but usually in very small numbers. Older Hispanics also generally were participating, although in inconsequential numbers. American Indian elderly were virtually absent from service programs in all cities. The only cities with substantial numbers of older Asian American participants were Honolulu and San Francisco. While older minorities participated to some extent in all Title III programs, there were some services (e.g., in-home services and legal services) in which they were consistently absent across all six cities.

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[13]42 U.S.C. §3024(a)(1) (Supp. III 1979). There are no eligibility criteria for most programs funded under Title III. These programs are entitlement programs.

Also during its investigations, the Commission staff was told by representatives of minority elderly that older minorities in the six geographic locations often felt that Older Americans Act programs were unresponsive to their needs and priorities. Generally, nutrition programs did not provide culturally appropriate meals or meals reflective of diverse cultures represented in the city. This contributed to the relatively low rate of participation by minority older persons, according to many representatives of minority organizations who serve the elderly. In most cities there was limited written material available about area agencies on aging programs in English, and even less in other languages. Very little other publicity (e.g., media spots, displays,) was available about the program, and again, especially in languages other than English. In most of the six cities, information and referral services generally did not have any bilingual employees.

Despite low participation by minority elderly in most service programs, area agencies on aging were not actively involved in outreach activities designed specifically to include more minority elderly. The Commission found that an area agency's failure to do active outreach in minority communities sometimes resulted in the servicing of those in greatest economic and social need to the exclusion of older minorities who, in most instances, also fell into the greatest social and economic need category. The existence of limited outreach programs, together with programs unresponsive to minority elderly needs, has resulted in low minority participation in almost all cities.

The Commission found that the area agencies on aging generally were not monitoring and evaluating their programs regarding participation in services by older minorities. Minorities were not usually actively involved in the area agencies on aging planning process. In some of the six cities, members of certain minority groups were not represented on the advisory council. The Commission noted that an area agency's failure to include minority older persons in the planning and implementation of services may have helped to determine the extent to which all minority older persons, and especially those in greatest economic and social need, were restricted or excluded from full particpation in Older Americans Act service programs.

Another major finding common to almost all of the six communities was the absence of efficient data collection on minority participation in service programs. In most of the case analysis sites, area agencies on aging were not collecting information for planning purposes by race or ethnicity, making the determination of minority needs, potential service use or factors that affect minority participation difficult. Further, the area agencies on aging were not being monitored closely by the State units on aging or the Administration on Aging regarding civil rights compliance.

While findings regarding minority participation in the area agencies on aging programs were very similar for all cities visited, the Commission also discovered that each city had its own special characteristics. Below are short summaries that highlight the findings

in each of the six cities visited. Each city summary reports Commission findings regarding minority employment and receipt of grants, contracts and services. The data collected in the six cities point to policies and practices followed by area agencies on aging and their contractors that adversely affect minority participation in Title III funded programs. The data from the national survey to be published as part II of the report should provide a solid basis for developing national findings and recommendations.

CITY SUMMARIES

Cleveland, Ohio

Minorities in Cleveland were generally underrepresented in all phases of Title III programs for older Americans adminstered by the Western Reserve Area Agency on Aging. An examination of the membership of the Western Reserve Area Agency on Aging's advisory council revealed that of the 43 members 9 were black. No American Indians, Asian Americans or Hispanics had been selected to serve on the area agency's advisory council.

Blacks were the only minority persons employed by the Western Reserve Area Agency on Aging. American Indians, Asian Americans, and Hispanics did not hold any Western Reserve Area Agency on Aging jobs. Black representation on Western Reserve Area Agency on Aging staff was a direct result of a deliberate effort by the Western Reserve Area Agency on

Aging to increase minority representation. Despite inclusion of Hispanics as a target group in its affirmative action plan, the Western Reserve Area Agency on Aging had thus far failed to hire any Hispanic employees.

Black organizations were the only minority agencies receiving funds from the Western Reserve Area Agency on Aging. Three Black organizations received 10 percent of the Title III-B (social services) funds awarded in Cleveland and four Black organizations received 11 percent of the Title III-C (nutrition) funds awarded. Minority agencies cited lack of outreach and technical assistance as major reasons for minimal minority representation among contractors. According to many minority representatives, without more intensive efforts by the Western Reserve Area Agency on Aging in outreach and technical assistance, minority organizations were likely to continue to lag far behind other organizations in obtaining contracts. Another factor which appeared to limit the number of minority contractors was a requirement that potential contractors have their own funds and be able to guarantee a continuing source of funds before a contract was approved. According to community representatives, this criterion was often difficult for minority organizations to meet.

Although most contractors employed relatively few minorities on their staffs, Western Reserve Area Agency on Aging had not required contractors to increase minority employment. Generally, contractors without minority employees had not been censured. For example, the

Western Reserve Area Agency on Aging was increasing the funding of the Visiting Nurses Association although this contractor had no minority nurses in their Title III program.

In almost every Title III service, Cleveland's minority elderly were being underserved in relation to their representation in the eligible population in Cleveland and even more so in relation to their relative social and economic needs. Black senior citizens participated in all Western Reserve Area Agency on Aging-funded social services, but they were underrepresented in 11 of the 17 services. Asian American elderly participated in 8 of the 17 services but constituted less than 1 percent in 7 of the 8. American Indian elderly participated in 4 services at less than 1 percent. Hispanics participated in 13 services; always in very low percentages.

Minority older persons also were not being fully served by the Western Reserve Area Agency on Aging's nutrition program. Asian American and American Indian older persons were participating in nutrition programs at a rate of less than 1 percent.

Minorities were not participating fully in multipurpose and focal points centers in Cleveland that provided a wider variety of social service programs. The Western Reserve Area Agency on Aging began designating focal points in 1979. Three were located outside Cleveland and three focal points were located in Cleveland. Only one of the three

centers in Cleveland served a predominantly minority clientele. The one center that served the Hispanic aged lacked the full resources of a focal center. Another focal point center, Deaconess Krafft Complex (Brighton) was located near a Hispanic community. Hispanic elderly were less likely to use its services because established transportation boundary lines did not include their area. The factors that appeared to impact upon minority participation in Cleveland included whether the service provider was a minority organization, the extent of minority employment by service providers and the service location.

Bridgeport, Connecticut

Bridgeport is the largest city in Connecticut and contains a sizable population of minorities (21.0 percent black and 18.7 percent Hispanic). The city also has the highest proportion of older minorities (47 percent of all black and 42 percent of all Hispanic elderly) in the Southwestern Connecticut planning and service area administered by the Southwestern Connecticut Agency on Aging.

Black representation on the Southwestern Connecticut Agency on Aging's advisory council and board of directors was reflective of their representation in the local population (23.3 percent and 20.0 percent respectively). Hispanics were also represented on both of these groups (3.3 percent and 5.0 percent respectively), while American Indians and

Asian Americans were not represented. A recent increase in hiring and promotion of minorities had resulted in close to 50 percent minority representation on the Southwestern Connecticut Agency on Aging staff. However, no minorities held decisionmaking positions.

Two of the nine Title III-B contractors servicing Bridgeport were minority organizations. The Federation of Neighborhood Councils and the Spanish American Development Agency received 37.5 percent of Title III-B funds awarded in Bridgeport during 1980. More than half of Southwestern Connecticut Agency on Aging's nonminority contractors serving Bridgeport did not have minority employees. Out of a total of 8, 5 had exclusively white staffs. Blacks represented 13.3 percent and Hispanics 9.5 percent of the persons employed in Southwestern Connecticut Agency on Aging funded programs in Bridgeport, and held management level positions only in minority operated programs. During 1980 employment of minorities by nonminority contractors remained constant.

In 1980 minority organizations and Southwestern Connecticut Agency on Aging jointly sponsored a workshop to inform potential minority contractors about Southwestern Connecticut Agency on Aging and its resources. It was the first such effort to attract more minority contractors, and 1 minority firm was awarded a transportation contract.

Minorities were served by all 13 contractors and subcontractors operating in Bridgeport. Programs set up or operated by minorities tended

to have higher minority participation rates. Service rates to minorities were much lower among the nonminority contractors. The single exception was the Interfaith Friendly Visiting program. Service delivery to minorities was increased from approximately 16.0 percent to 21.2 percent in 1980.

Compliance with Federal nondiscrimination requirements in service delivery was accomplished mainly through on-site reviews conducted twice yearly. Ongoing monitoring for compliance took place with the review of monthly and quarterly reports submitted by contractors.

Tucson, Arizona

The city of Tucson, Arizona, is diverse in its racial and ethnic composition. The largest minority group in Tucson is Hispanic, representing 24.9 percent of the city's total population. Tucson also had a sizable minority elderly population who, relative to white Anglo elderly, disproportionately were in poverty. The area agency with jurisdiction over Tucson is the Pima Council on Aging (PCOA). There were black, Hispanic and American Indian representatives on the Pima Council on Aging's advisory council. There were no Asian American representatives on the council.

Minorities were not represented on its Title III funded staff. The Pima Council on Aging is required to have an affirmative action plan and submit the plan to the State unit on aging. According to Pima Council on Aging representatives, the Council had not been able to implement the plan

since there was so little staff turnover at the agency.

In 1980, PCOA funded four contractors under Title III to provide legal aid, home health aide and cnore maintenance, housing renovation and nutrition services. None of the contractors was minority. The Pima Council on Aging anticipated no new contractors, since all additional funds Pima Council on Aging received would go into maintaining or expanding the exisiting contractors.

For the most part, minorities were not employed in decisionmaking positions within Title III funded programs. One exception to this was the city of Tucson's housing renovation program whose director was Hispanic. Although all contractors were required to have affirmative action plans, Pima Council on Aging staff said that the agency did not have enough staff to monitor contractors' efforts.

Three Title III-B programs served Tucson's elderly: in-home services, legal aid services, and housing renovation services. Only three American Indians and no Asian Americans were participating in the in-home health aide and chore maintenance services. The legal aid program was neither serving American Indians nor Asian Americans. Minority elderly received a greater share of services under the housing renovation program, but American Indians and Asian Americans were not served by it. Senior Now Generation provided all of the Title III-C nutrition services in Tucson. With the exception of kosher food, no culturally appropriate meals were provided.

Tulsa, Oklahoma

Tulsa, with a population of 360,919 is the second largest city in Oklahoma. Minorities accounted for 16 percent of this population, nearly 4 percent of whom were American Indians. Census data for 1970 showed that approximately 43,230 persons in Tulsa were 60 years and older. White elderly were 88 percent of this total, and minorities accounted for the remaining 12 percent.

The Tulsa Area Agency on Aging is responsible for planning and administering Title III programs for the elderly in Tulsa. The advisory body to the Tulsa Area Agency on Aging is the Tulsa Area Council on Aging, which includes the mayor and 46 other members who are appointed by the mayor for 1 year terms. Thirty-six members were white and 11 were minority--7 of whom were black and 4 of whom were American Indian.

In 1980 the Tulsa Area Agency on Aging's staff was 50 percent minority. Two of three professional staff positions were held by minorities - one American Indian and one Asian American. As early as 1974 when the agency was established, one of two professional planner positions was held by an American Indian. The agency did not have any Hispanic or American Indian employees or any workers who were bilingual.

In 1979 (the last full funding year before the Tulsa Area Agency on Aging changed from a calendar fiscal year to the Federal fiscal year) 34.5

percent or $61,723 of the funds dispensed in Tulsa were received by two minority contractors: Native American Coalition and Tulsa Human Service Agency. There were no subcontractors in Tulsa in 1979.

Contractors in Tulsa employed from one to five program workers, few of whom were minorities. Legal Aid for Senior Citizens, Tulsa City County Health Department, Tulsa City County library (information and referral) and Jobs for Older Tulsans had no minorities in their Title III funded programs. The Native American Coalition transportation program reported the largest number of minority staff. Hispanics were not employees and contractors in Tulsa's III-B programs.

The Tulsa Area Agency on Aging required affirmative action plans for employment/staffing, and set rates for minority participation in contracts. The Tulsa Area Agency on Aging also required that contractors sign a list of assurances that included nondiscrimination in service delivery and employment. On-site compliance reviews were conducted quarterly to assess performances in these areas. Technical assistance was provided to contractors experiencing difficulty meeting their goals for minority employment and participation.

The Tulsa Area Agency on Aging provided access, in-home, legal, health support and employment services to elderly Tulsans. Participation statistics for these programs indicated that large numbers of elderly

minority senior citizens in Tulsa remained untouched by Tulsa Area Agency on Aging services. In fact, participation data showed that minorities were generally underrepresented in the Title III funded programs. American Indian elderly, in particular, received few Title III services. In general, Tulsa's minority elderly population was at least twice as likely to be in poverty as the nonminority elderly population. Although the nutrition program had only recently come under the Tulsa Area Agency on Aging, participation statistics showed that minority elderly were not benefiting significantly from this program. The fact that during October through December, 1980, less than 10.0 percent of the participants in the nutrition program were minorities, indicated minority underrepresentation in the program.

San Francisco, California

In 1980 San Francisco's population was estimated at 678,974. Minorities represented more than 42 percent of the population. There also was a minority elderly population of 31,596 people (22.3 percent of elderly) in San Francisco in 1970. Minority elderly in San Francisco were more likely to be in poverty than nonminority elderly. Available statistics from the Bureau of the Census indicated that elderly Asian Americans and blacks were nearly twice as likely as elderly whites to be in poverty.

The San Francisco Commission on Aging is the area agency on aging responsible for administering programs that take into consideration the needs of San Francisco's elderly population, especially those most socially and economically in need. New commissioners, advisory council members, and an executive director of the agency were appointed in early 1981. Minorities constituted over 50 percent of the commissioners and advisory council members. The new executive director of the Commission is black. The rest of the San Francisco Commission on Aging work force was made up predominantly of white professionals and minority support staff or minority part time community workers. The San Francisco Commission on Aging adopted an affirmative action plan in early 1981. San Francisco Commission on Aging's affirmative action goals include hiring Hispanics, since they were underrepresented at the agency. However, none of the three persons hired at the agency in the past 6 months time was Hispanic.

In fiscal year 1980-81 the San Francisco Commission on Aging distributed $2,115,612 in Title III funds. Two minority contractors received 16.5 percent of the Title III-B (social services) funds: Self Help for the Elderly, a Chinese American organization, and Mission Neighborhood Centers, an Hispanic organization. Five nonminority contractors received 83.5 percent of the Title III-B funds. American Indian, Black, Japanese American, or Filipino American organizations did not receive any funds under Title III-B for fiscal year 1980-81. In

addition to the seven contracts awarded for Title III-B, San Francisco Commission on Aging funded eight nutrition contracts under Title III-C, totaling $1,524,161. One Black contractor, one Chinese American, one Japanese American, one American Indian, and four nonminority contractors received Title III-C funds in fiscal year 1980-81. The four nonminority organizations received $1,035,752 or 68.0 percent of the Title III-C funds awarded. Hispanic and Filipino American organizations did not receive any Title III-C funds in fiscal year 1980-81.

In fiscal year 1981-82 all contractors were to be funded at 91 percent of their previous year's funding, with the remaining money to be used to bring new contractors into the funding stream and to improve existing services in some areas. Minority contractors were concerned that the cut in funding would hurt them most, since they had small contracts and could less easily absorb a 9 percent cut in funding. They also noted that the money made available for new contracts would not be enough to fund new contractors adequately. The additional contracts for fiscal year 1981-82 were awarded to seven minority and four nonminority firms. Most of the contracts were for less than $15,000.

Minority employees of the Title III contractors generally did not hold decisionmaking positions except when they were employed by minority contractors. No affirmative action plans were required of Title III-B contractors until 1981. Some nonminority organizations did not have bilingual staff, or literature in languages other than English.

The participation of minority elderly in Title III programs varied greatly. Looking at each of the services individually, the data showed that minorities were much more likely to benefit from certain ones than from others, and there appeared to be a direct relationship between minority participation and whether the firm providing the service was minority. Title III contractors lacked extensive outreach to minorities. The contractors indicated that they were serving up to capacity now and did not encourage further participation because of budget constraints. San Francisco Commission on Aging has not monitored and evaluated programs regarding minority participation. It did not encourage contractors to do more outreach so that minorities could participate in the available programs.

Honolulu, Hawaii

Asian and Pacific Island Americans represent nearly 73 percent of the residents of Honolulu. Japanese and Hawaiians are the two largest Asian groups. More than 72,000 persons in Honolulu were 60 years of age or older, and almost 73 percent of them were Asian and Pacific Island Americans. Statistics also showed that the elderly population of Honolulu was less well-off economically than the general population and that Filipino elderly, in particular, were more likely to be in poverty. Although Asian and Pacific Island elderly experience the same age-related problems as other older persons, their problems were complicated by

cultural and linguistic factors. The special interests and needs of Honolulu's elderly, especially those most socially and economically disadvantaged, were to be addressed by the federally-funded Honolulu Area Agency on Aging.

The Honolulu Area Agency on Aging operates with an advisory council--the Honolulu Committee on Aging--which had 18 members. Japanese accounted for 39 percent of the committee's membership. Chinese held 22 percent of the committee positions while Hawaiians represented 11 percent of the committee's membership. The racial and ethnic composition of the Honolulu Area Agency on Aging staff was similar to that of the committee on aging. Four of the six professional staff positions were filled by Japanese, while two positions were held by Chinese. Hawaiians were represented in clerical and paraprofessional positions; Filipino representation was limited to aide positions. The Honolulu Area Agency on Aging placed little emphasis on language qualifications for staff although a significant proportion of the elderly population served by the Honolulu Area Agency on Aging was non-English speaking. As a result, many community representatives voiced concern that the Honolulu Area Agency on Aging did not effectively serve certain elderly ethnic groups because of language communication difficulties. According to representatives of the Susannah Wesley Community Center, the agency was especially unable to serve new immigrant groups such as Koreans, Samoans, and Indochinese. Since there was a very low turnover rate at the Honolulu Area Agency on

Aging, there were few new hires and few promotions. In addition, although the Honolulu Area Agency on Aging is part of the Honolulu Office of Human Resources which does have an affirmative action plan, there was no separate affirmative action plan in effect for the Honolulu Area Agency on Aging.

In fiscal year 1980-81, six Title III contracts were awarded by the Honolulu Area Agency on Aging. None of the six contractors was minority. Three of the agencies were nonprofit public service agencies administered by boards of directors, each with a majority white membership. Only the Title III-C (nutrition) contractor subcontracted. Two of the five meal providers with nutrition subcontracts were minority organizations. Staff employed by the Title III contractors was composed predominantly of Asian and Pacific Island Americans. Persons of Japanese and Chinese backgrounds, however, were more likely to be employed by the contractors in administrative level positions than Hawaiians or Filipinos. In contrast, Filipinos and Hawaiians were more likely to be represented in service worker positions than any of the other groups.

Although the Honolulu Area Agency did not stress the need to hire bilingual staff and believed that there were few communication difficulties with minority older persons since everyone spoke 'pidgin', all except one of the contractors did take bilingual capabilities into consideration when hiring. One contractor included bilingualism as an overall job requirement. Contractors also stated that the Honolulu Area Agency on Aging did not impress upon them the need to take into

consideration the diverse cultural backgrounds of the elderly people that they served.

The Honolulu Area Agency on Aging required contractors to submit monthly reports as well as affirmative action plans. Most contractors indicated, however, that the Honolulu Area Agency on Aging did not enforce the requirement that contractors submit the race or ethnicity of program participants.

The available statistics on program participants showed that, in general, Hawaiian elderly were underserved when compared with their representation within the elderly population. In particular, the chairperson for the office of Hawaiian affairs voiced concern about the low number of Hawaiians taking part in the nutrition program. Representatives from Alu Like and other Hawaiian interest groups also pointed to the limited number of Hawaiian elderly participating not only in the nutrition program, but also in all the Title III services.

Title III contractors, as well as representatives of other organizations that serve elderly persons, emphasized the absence of culturally responsive services, particularly in the nutrition program. Nearly 90 percent of the participants in the program were Asian and Pacific Island Americans whose meal preferences and problems with the current meal service delivery had been documented. Although four of the five meal service providers took into consideration the ethnic diversity of the participants in the nutrition program when preparing menus, one provider did not. That one provider, however, prepared more than 87

percent of all meals served in the program. Although Honolulu Area Agency on Aging was aware of this, the agency had made no plans to recommend that the contractor change menu selections.

Title III service programs generally did not use outreach efforts that could increase participation of the elderly. The lack of information about program services, particularly in languages other than English, hindered the recruitment of non-English-speaking seniors for programs.

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